

Bad River Waste Water Treatment Plant

04
P. O. Box 39
Odanah, Wisconsin 54861

Phone (715)- 682-7156
Fax (715)- 682-7775

April 14, 1999

John Colletti
U. S. EPA WN - 16 J
77 West Jackson Boulevard
Chicago, Ill. 60604

Dear John,

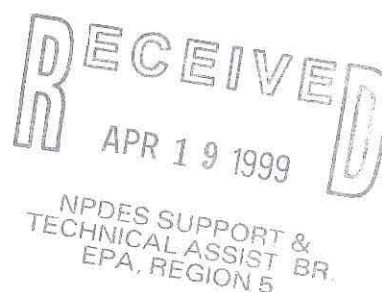
Here are the applications for Discharge Permits for New Odanah, Birch Hill, and Diaperville. Also, terminate the permit for the Administration Building, it is no longer in use and the Tribe has not yet decided on what to do with that building as of this date. It has not been in use since 1996.

I also included with New Odanah's application the results for the year of 1998's sampling results. If you need any more information please contact me or my administrative assistant, Patti Blanchard.

Sincerely,



Paul Gordon
Utilities Manager



M5/2

04-01

INFLUENT:	BOD	TSS	AMMO	TOTAL	EFFLUENT:	BOD	FECAL	TSS	AMMONIA	TOTAL
1998				PHOS.	1998		COLIFORM			PHOS.
JANUARY	2630	2080	172	50.4	JANUARY	421	337760	366	43.9	16.6
FEBRUARY	2030	1530	150	36.3	FEBRUARY	142	137800	82	56.5	12.24
MARCH	2180	1680	154	40	MARCH	140	839000	56	100.4	2.06
APRIL	2460	1860	163	46.7	APRIL	72	427210	70	156	2.24
MAY	2370	1840	163	46.4	MAY	83	8624	151	155	5.18
JUNE	3130	2180	194	54.5	JUNE	110	1241.8	169	137	4.82
JULY	3950	2620	203	61.1	JULY	121	2537	120	137	4.32
AUGUST	3270	3140	187	49.9	AUGUST	87	251	151	122	3.08
SEPTEMBER	2370	1970	172	40.6	SEPTEMBER	36	19	61	113	2.43
OCTOBER	2980	2510	164	51.4	OCTOBER	61	354	110	33.481	12
NOVEMBER	2850	1840	131	39	NOVEMBER	149	1426	213	29.7	17.94
DECEMBER	3050	2830	180	63.4	DECEMBER	298	128900	183	56	4.85
TOTAL	33270	26080	2033	579.7		1720	1885123	1732	1139.98	87.76

3 tanks more Phase 1
~~175,000~~
 150,000 gpd Dave Englehart, JHS
 Phase 2 300,000 gpd Askland
 most likely in 2000 summer
 715625531
 ge 4/28/99
 expanding
 Liverpool
 adding another
 cell. w. 77.
 be sending me
 the information
 ge 4/28/99

150,000
 COD 300
 TSS 300
 BOD 400
 pH 6.7
 TKN 100
 P 800

5
 5
 1.5
 10
 2.0

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER

FOR AGENCY USE									

STANDARD FORM A - MUNICIPAL

SECTION I. APPLICANT AND FACILITY DESCRIPTION

Unless otherwise specified on this form all items are to be completed. If an item is not applicable indicate 'NA.'

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

Please Print or Type

1. Legal Name of Applicant (see instructions)	101	<u>Bad River Tribe</u>	
		<u>New Odanah Waste Water Treatment Plant</u>	
2. Mailing Address of Applicant (see instructions) Number & Street	102a	<u>P. O. Box 39</u>	
City	102b	<u>Odanah</u>	
State	102c	<u>Wisconsin</u>	
Zip Code	102d	<u>54851</u>	
3. Applicant's Authorized Agent (see instructions) Name and Title	103a	<u>Paul Gordon</u>	
		<u>Utilities Manager</u>	
Number & Street	103b	<u>P.O. Box 39</u>	
City	103c	<u>Odanah</u>	
State	103d	<u>Wisconsin</u>	
Zip Code	103e	<u>54851</u>	
Telephone	103f	<u>715</u> Area Code	<u>682-7156</u> Number
4. Previous Application If a previous application for a permit under the National Pollutant Discharge Elimination System has been made, give the date of application.	104	<u>90 6 26</u> YR MO DAY	

I certify under penalty of law that I have personally examined and am familiar with the information submitted in the attached document; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature of Applicant Paul Gordon Title Utilities Manager
Printed Name of Person Signing Paul Gordon Date 1-12-90

18 U.S.C. Section 1001 provides that

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document knowing same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

FOR AGENCY USE

Received _____
YR MO DAY

OFFICE: _____ EPA Region Number
_____ State

FOR AGENCY USE									

5. Facility (see instructions)
Give the name, ownership, and physical location of the plant or other operating facility where discharge(s) presently occur(s) or will occur.

Name

Ownership (Public, Private or Both Public and Private).

Check block if a Federal facility

and give GSA Inventory Control Number

Location:

Number & Street

City

County

State

6. Discharge to Another Municipal Facility (see instructions)
- a. Indicate if part of your discharge is into a municipal waste transport system under another responsible organization. If yes, complete the rest of this item and continue with Item 7. If no, go directly to Item 7.

- b. Responsible Organization Receiving Discharge

Name

Number & Street

City

State

Zip Code

- c. Facility Which Receives Discharge
- Give the name of the facility (waste treatment plant) which receives and is ultimately responsible for treatment of the discharge from your facility.

- d. Average Daily Flow to Facility (mgd) Give your average daily flow into the receiving facility.

7. Facility Discharges, Number and Discharge Volume (see instructions)
- Specify the number of discharges described in this application and the volume of water discharged or lost to each of the categories below. Estimate average volume per day in million gallons per day. Do not include intermittent or noncontinuous overflows, bypasses or seasonal discharges from lagoons, holding ponds, etc.

105a	Bad River Waste Water Treatment Plant
	Bad River Tribe
	New Odanah
105b	<input checked="" type="checkbox"/> PUB <input type="checkbox"/> PRV <input type="checkbox"/> BPP
105c	<input type="checkbox"/> FED
105d	
105e	P. O. Box 39
105f	New Odanah
105g	Ashland
105h	Wiscosnin
106a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
106b	N/A
106c	
106d	
106e	
106f	
106g	
106h	_____ mgd

FOR AGENCY USE									

	Number of Discharge Points	Total Volume Discharged, Million Gallons Per Day
To: Surface Water	107a1 <u>1</u>	107a2 <u>0.07 MGD</u>
Surface Impoundment with no Effluent	107b1 _____	107b2 _____
Underground Percolation	107c1 _____	107c2 _____
Well (Injection)	107d1 _____	107d2 _____
Other	107e1 _____	107e2 _____
Total Item 7	107f1 <u>1</u>	107f2 <u>0.07 MGD</u>
If 'other' is specified, describe	107g1 _____	
<p>If any of the discharges from this facility are intermittent, such as from overflow or bypass points, or are seasonal or periodic from lagoons, holding ponds, etc., complete Item 8.</p>		
8. Intermittent Discharges		
a. Facility bypass points Indicate the number of bypass points for the facility that are discharge points. (see instructions)	108a _____	
b. Facility Overflow Points Indicate the number of overflow points to a surface water for the facility (see instructions).	108b _____	
c. Seasonal or Periodic Discharge Points Indicate the number of points where seasonal discharges occur from holding ponds, lagoons, etc.	108c <u>1</u>	
9. Collection System Type		
Indicate the type and length (in miles) of the collection system used by this facility. (see instructions)	109a _____	
Separate Storm	<input checked="" type="checkbox"/> SST	
Separate Sanitary	<input checked="" type="checkbox"/> SAN	
Combined Sanitary and Storm	<input type="checkbox"/> CSS	
Both Separate Sanitary and Combined Sewer Systems	<input type="checkbox"/> BSC	
Both Separate Storm and Combined Sewer Systems	109b <input type="checkbox"/> SSC	
Length	<u>Appx. 2.5</u> miles	
10. Municipalities or Areas Served (see instructions)		
	Name	Actual Population Served
110a	<u>New Odanah</u>	110b <u>500</u>
110a	_____	110b _____
110a	_____	110b _____
110a	_____	110b _____
110a	_____	110b _____
110a	_____	110b _____
Total Population Served		110c _____

STANDARD FORM A-MUNICIPAL

SECTION II. BASIC DISCHARGE DESCRIPTION

FOR AGENCY USE									

Complete this section for each present or proposed discharge indicated in Section I, Items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. Separate descriptions of each discharge are required even if several discharges originate in the same facility. All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1. Discharge Serial No. and Name		201a	<u>001</u>					
a. Discharge Serial No. (see instructions)		201b	<u>New Odanah</u>					
b. Discharge Name Give name of discharge, if any (see instructions)		201c	<u></u>					
c. Previous Discharge Serial No. If a previous NPDES permit application was made for this dis- charge (Item 4, Section I) provide previous discharge serial number.								
2. Discharge Operating Dates		202a	<u>96</u>	<u>2</u>				
a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.			YR	MO				
b. Discharge to End Date If the discharge is scheduled to be dis- continued within the next 5 years, give the date (within best estimate) the discharge will end. Give rea- son for discontinuing this discharge in Item 17.		202b	<u></u>	<u></u>				
			YR	MO				
3. Discharge Location Name the political boundaries within which the point of discharge is located:		203a	<u>Wisconsin</u>		Agency Use			
State		203b	<u>Ashland</u>					
County		203c	<u>New Odanah</u>					
(If applicable) City or Town								
4. Discharge Point Description (see instructions) Discharge is into (check one)		204a	<input checked="" type="checkbox"/> STR <input type="checkbox"/> EST <input type="checkbox"/> LKE <input type="checkbox"/> OCE <input type="checkbox"/> WEL <input type="checkbox"/> OTH					
Stream (includes ditches, arroyos, and other watercourses)		204b	<u></u>					
Estuary								
Lake								
Ocean								
Well (Injection)								
Other								
If 'other' is checked, specify type								
5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)		205a	<u>90</u>	DEG.	<u>37</u>	MIN.	<u>30</u>	SEC
Latitude		205b	<u>46</u>	DEG.	<u>37</u>	MIN.	<u>30</u>	SEC
Longitude								

DISCHARGE SERIAL NUMBER

WI-0036587

FOR AGENCY USE

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6. Discharge Receiving Water Name
Name the waterway at the point of discharge (see instructions)

200a Denomie Creek

If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete item 7.

7. Offshore Discharge

- a. Discharge Distance from Shore
- b. Discharge Depth Below Water Surface

207a _____ feet

207b _____ feet

If discharge is from a bypass or an overflow point or is a seasonal discharge from a lagoon, holding pond, etc., complete items 8, 9 or 10, as applicable, and continue with item 11.

8. Bypass Discharge (see instructions)

a. Bypass Occurrence

Check when bypass occurs

Wet weather

208a1 ☐ Yes ☐ No

Dry weather

208a2 ☐ Yes ☐ No

- b. Bypass Frequency Give the actual or approximate number of bypass incidents per year.

Wet Weather

208b1 _____ times per year

Dry weather

208b2 _____ times per year

- c. Bypass Duration Give the average bypass duration in hours.

Wet weather

208c1 _____ hours

Dry weather

208c2 _____ hours

- d. Bypass Volume Give the average volume per bypass incident, in thousand gallons.

Wet weather

208d1 _____ thousand gallons per incident

Dry weather

208d2 _____ thousand gallons per incident

- e. Bypass Reasons Give reasons why bypass occurs.

208e

Proceed to item 11.

9. Overflow Discharge (see instructions)

- a. Overflow Occurrence Check when overflow occurs.

Wet weather

209a1 ☐ Yes ☐ No

Dry weather

209a2 ☐ Yes ☐ No

- b. Overflow Frequency Give the actual or approximate incidents per year.

Wet weather

209b1 _____ times per year

Dry weather

209b2 _____ times per year

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c. **Overflow Duration** Give the average overflow duration in hours.

Wet weather

202c1 _____ hours

Dry weather

202c2 _____ Hours

d. **Overflow Volume** Give the average volume per overflow incident in thousand gallons.

Wet weather

202d1 _____ thousand gallons per incident

Dry weather

202d2 _____ thousand gallons per incident

Proceed to Item 11

10. **Seasonal/Periodic Discharges**

a. **Seasonal/Periodic Discharge Frequency** If discharge is intermittent from a holding pond, lagoon, etc., give the actual or approximate number of times this discharge occurs per year.

210a 1 times per year

b. **Seasonal/Periodic Discharge Volume** Give the average volume per discharge occurrence in thousand gallons.

210b 5600 thousand gallons per discharge occurrence

c. **Seasonal/Periodic Discharge Duration** Give the average duration of each discharge occurrence in days.

210c 6 days

d. **Seasonal/Periodic Discharge Occurrence—Months** Check the months during the year when the discharge normally occurs.

210d ☐ JAN ☐ FEB ☐ MAR
☐ APR ☐ MAY ☐ JUN
☐ JUL ☐ AUG ☐ SEP
☒ OCT ☐ NOV ☐ DEC

11. **Discharge Treatment**

a. **Discharge Treatment Description** Describe waste abatement practices used on this discharge with a brief narrative. (See instructions)

211a Lift Station followed by rotary screen called milliscreen, then
into the SBR Tanks, then through ultra violet lights out to
Denomie Creek.

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FOR AGENCY USE

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- b. Discharge Treatment Codes
Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible. Separate all codes with commas except where slashes are used to designate parallel operations.

211b

If this discharge is from a municipal waste treatment plant (not an overflow or bypass), complete Items 12 and 13

12. Plant Design and Operation Manuals
Check which of the following are currently available

a. Engineering Design Report

212a



b. Operation and Maintenance Manual

212b



13. Plant Design Data (see instructions)

a. Plant Design Flow (mgd)

213a

0.07 mgd

b. Plant Design BOD Removal (%)

213b

_____ %

c. Plant Design N Removal (%)

213c

_____ %

d. Plant Design P Removal (%)

213d

_____ %

e. Plant Design SS Removal (%)

213e

_____ %

f. Plant Began Operation (year)

213f

g. Plant Last Major Revision (year)

213g

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14. Description of Influent and Effluent (see instructions)

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Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Flow Million gallons per day 50050							
pH Units 00400							
Temperature (winter) ° F 74028							
Temperature (summer) ° F 74027							
Fecal Streptococci Bacteria Number/100 ml 74054 (Provide if available)							
Fecal Coliform Bacteria Number/100 ml 74055 (Provide if available)							
Total Coliform Bacteria Number/100 ml 74056 (Provide if available)							
BOD 5-day mg/l 00310							
Chemical Oxygen Demand (COD) mg/l 00340 (Provide if available)							
OR Total Organic Carbon (TOC) mg/l 00680 (Provide if available) (Either analysis is acceptable)							
Chlorine—Total Residual mg/l 50060							

DISCHARGE SERIAL NUMBER

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14. Description of Influent and Effluent (see instructions) (Continued)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Total Solids mg/l 00500							
Total Dissolved Solids mg/l 70300							
Total Suspended Solids mg/l 00530							
Settleable Matter (Residue) ml/l 00545							
Ammonia (as N) mg/l 00610 (Provide if available)							
Kjeldahl Nitrogen mg/l 00625 (Provide if available)							
Nitrate (as N) mg/l 00620 (Provide if available)							
Nitrite (as N) mg/l 00615 (Provide if available)							
Phosphorus Total (as P) mg/l 00665 (Provide if available)							
Dissolved Oxygen (DO) mg/l 00300							

DISCHARGE SERIAL NUMBER

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FOR AGENCY USE

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15. Additional Wastewater Characteristics

Check the box next to each parameter if it is present in the effluent. (see instructions)

Parameter (215)	Present	Parameter (215)	Present	Parameter (215)	Present
Bromide 71870		Cobalt 01037		Thallium 01059	
Chloride 00940		Chromium 01034		Titanium 01152	
Cyanide 00720		Copper 01042		Tin 01102	
Fluoride 00951		Iron 01045		Zinc 01092	
Sulfide 00745		Lead 01051		Algicides* 74051	
Aluminum 01105		Manganese 01055		Chlorinated organic compounds* 74052	
Antimony 01097		Mercury 71900		Oil and grease 00550	
Arsenic 01002		Molybdenum 01062		Pesticides* 74053	
Beryllium 01012		Nickel 01067		Phenols 32730	
Barium 01007		Selenium 01147		Surfactants 38260	
Boron 01022		Silver 01077		Radioactivity* 74050	
Cadmium 01027					

*Provide specific compound and/or element in Item 17, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels*, 2nd Edition, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.

WI-0036587

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☒ ALM

217,

[illegible]

FOR AGENCY USE

STANDARD FORM A-MUNICIPAL

SECTION III. SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION

This section requires information on any uncompleted implementation schedule which has been imposed for construction of waste treatment facilities. Requirement schedules may have been established by local, State, or Federal agencies or by court action. IF YOU ARE SUBJECT TO SEVERAL DIFFERENT IMPLEMENTATION SCHEDULES, EITHER BECAUSE OF DIFFERENT LEVELS OF AUTHORITY IMPOSING DIFFERENT SCHEDULES (ITEM 1b) AND/OR STAGED CONSTRUCTION OF SEPARATE OPERATIONAL UNITS (ITEM 1c), SUBMIT A SEPARATE SECTION III FOR EACH ONE.

1. Improvements Required

a. Discharge Serial Numbers

Affected List the discharge serial numbers, assigned in Section II, that are covered by this implementation schedule

300

FOR AGENCY USE

Sched. No. _____

WI-0036587 - 001

b. Authority Imposing Requirement

Check the appropriate item indicating the authority for the implementation schedule. If the identical implementation schedule has been ordered by more than one authority, check the appropriate items. (see instructions)

301a

Locally developed plan

Areawide Plan

Basin Plan

State approved implementation schedule

Federal approved water quality standards implementation plan

Federal enforcement procedure or action

State court order

Federal court order

301b

☒ LOC☐ ARE☐ BAS☐ SQS☐ WQS☐ ENF☐ CRT☐ FED

c. Improvement Description Specify the 3-character code for the General Action Description in Table II that best describes the improvements required by the implementation schedule. If more than one schedule applies to the facility because of a staged construction schedule, state the stage of construction being described here with the appropriate general action code. Submit a separate Section III for each stage of construction planned. Also, list all the 3-character (Specific Action) codes which describe in more detail the pollution abatement practices that the implementation schedule requires.

3-character general action description

301c

I.C.T.

3-character specific action descriptions

301d

SEC / DIS / SLD / _____ / S.B.R. SYSTEM

2. Implementation Schedule and 3. Actual Completion Dates

Provide dates imposed by schedule and any actual dates of completion for implementation steps listed below. Indicate dates as accurately as possible. (see instructions)

Implementation Steps

2. Schedule (Yr / Mo / Day)

3. Actual Completion (Yr / Mo / Day)

a. Preliminary plan complete

302a

08 / ____ / 98

303a

____ / ____ / ____

b. Final plan complete

302b

____ / ____ / ____

303b

____ / ____ / ____

c. Financing complete & contract awarded

302c

____ / ____ / ____

303c

____ / ____ / ____

d. Site acquired

302d

____ / ____ / ____

303d

____ / ____ / ____

e. Begin construction

302e

____ / ____ / ____

303e

____ / ____ / ____

f. End construction

302f

____ / ____ / ____

303f

____ / ____ / ____

g. Begin Discharge

302g

____ / ____ / ____

303g

____ / ____ / ____

h. Operational level attained

302h

____ / ____ / ____

303h

____ / ____ / ____

FOR AGENCY USE									

STANDARD FORM A—MUNICIPAL

SECTION IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM

Submit a description of each major industrial facility discharging to the municipal system, using a separate Section IV for each facility description. Indicate the 4 digit Standard Industrial Classification (SIC) Code for the industry, the major product or raw material, the flow (in thousand gallons per day), and the characteristics of the wastewater discharged from the industrial facility into the municipal system. Consult Table III for standard measures of products or raw materials. (see instructions)

1. Major Contributing Facility
(see instructions)

Name	401a				
Number & Street	401b				
City	401c				
County	401d				
State	401e				
Zip Code	401f				

2. Primary Standard Industrial Classification Code (see instructions)

402

3. Principal Product or Raw Material (see instructions)

Product	403a			Quantity	Units (See Table III)
		403c		403e	
Raw Material	403b			403d	403f

4. Flow Indicate the volume of water discharged into the municipal system in thousand gallons per day and whether this discharge is intermittent or continuous.

404a _____ thousand gallons per day

404b ☐ Intermittent (int) ☐ Continuous (con)

5. Pretreatment Provided Indicate if pretreatment is provided prior to entering the municipal system

405 ☐ Yes ☐ No

6. Characteristics of Wastewater
(see instructions)

406a	Parameter Name							
	Parameter Number							
406b	Value							

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>		I. EPA I.D. NUMBER															
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">S</td> <td style="width: 10%;">F</td> <td style="width: 10%;">1</td> <td style="width: 10%;">2</td> <td style="width: 10%;">13</td> <td style="width: 10%;">14</td> <td style="width: 10%;">15</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: center;">T/A</td> <td style="text-align: center;">C</td> <td style="text-align: center;">D</td> </tr> </table>		S	F	1	2	13	14	15					T/A	C	D
S	F	1	2	13	14	15													
				T/A	C	D													
II. POLLUTANT CHARACTERISTICS				GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.															
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.																			
III. NAME OF FACILITY																			
IV. FACILITY CONTACT																			
V. FACILITY MAILING ADDRESS																			
VI. FACILITY LOCATION																			

SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS		MARK 'X'			
		YES	NO	FORM ATTACHED			YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X			B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)				
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)					D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)				
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)					F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)				
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)					H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)				
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)					J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				

III. NAME OF FACILITY			
IV. FACILITY CONTACT			
V. FACILITY MAILING ADDRESS			
VI. FACILITY LOCATION			

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
1 SKIP New Odanah Treatment Plant		715 682 7156	
A. STREET OR P.O. BOX		B. CITY OR TOWN	
3 P.O. Box 39		Odanah	
C. STATE		D. ZIP CODE	
WI		54861	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME	
5 New Odanah		Ashland	
C. CITY OR TOWN		D. STATE	
6		WI	

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
(specify) Bad River										(specify)									
Waste Water Treatment Plant																			
C. THIRD										D. FOURTH									
(specify)										(specify)									

VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?									
8																														<input type="checkbox"/> YES <input type="checkbox"/> NO 66									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																				D. PHONE (area code & no.)																			
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										(specify) M Public										7.1.5 6.8.2 7.1.5.6 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30									
E. STREET OR P.O. BOX																																							
P.O. Box 39																																							
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND									
B Odanah																				WI					54861					Is the facility located on Indian lands? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 32									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
9 N W.I. 0.0.3.6.5.8.7															9 P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
9 U															(specify)														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
9 R															(specify)														

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Treatment of Domestic Water from New Odanah.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
Paul Gordon - Utilities Manager															Paul Gordon															4/12/99									

COMMENTS FOR OFFICIAL USE ONLY

C																													
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30																													

0403

ODANAH QUADRANGLE
WISCONSIN-ASHLAND CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)
SW/4 ODANAH 15' QUADRANGLE

